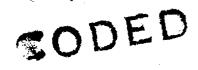
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FEDERAL COMMUNICATIONS COMMISSION Washington, D.C. 20554

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Secondary

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Annual Employment Report 1985

(See Instructions)

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200			
TEV	CTION I (applicable to all respondents)	SECTION III (applicable to all respondents)	
A. [COMMON CARRIER Respondents with fewer than airteen (16) full-time employees during the selected payroll period: CHECK BOX A, Complete Section III, and the Certification Statement. Sign and return to the FCC.	A. Check one, to indicate type of respondent Broadcast Respondent Common Carrier Respondent	RECEIVED MAY 31 1985
8. C	COMMON CARRIER Respondents with 18 or more full-time employees during the selected payroll period: CHECK BOX B and complete all pertinent and the second payroll period and the second payroll period and the second payroll	Pay Period Ending Covered by this Report: (det March 17, 1985 C. Name and address of respondent	FCC Office of the Secretary
c . c	BROADCAST Respondents with fewer then (5) full- time employees during the selected payroll period: CHECK BOX C. Complete Sections II, III, 8: IV and the Certification Statement. Sign and return to the FCC.	Radio Station WBZZ EZ Communications, Inc. 10380 Democracy Lane Fairfax, Va. 22030	CODE NO.
D. G	BROADCAST Respondents with 5 or more full-time employees during the selected payroll period: CHECK BOX D and complete all pertinent sections of the form. Sign and return to the FCC.		
SEC	CTION II (applicable only to Broadcast respondent	ts)	
BEC'	X For a single employment unit consisting of one or more stations TION IV (applicable only to Broadcast responden wer A, B, or C to identify Reporting Unit(a) covered in thi	ota)	C. A Consolidated Report
) If a Commercial Broadcast Station Report - (not a CAR	station) check one (2) If station is none	ommercial, check one
AM (If a Commercial Broadcast Station Report - (not a CAR ☐ AM	et Ef Educational	TV .
AM (☐ AM FM CXFM Independent ☐ TV AF ☐ Combined AM an	et Ef Educational	TV .
AM (□ AM FM □ Combined AM an □ International FA □ FM Affiliated with	et Ef Educational	TV .

Name of Headquarters Office	Heads	estion of quarters ffice	Stations supervised by listed Hdqrs. Office (list cell letters)				
N/A							
C. If a Consolidated Report, list here (or in Appendi	ix, if this space is insu	Miclent) the Headquarters ar	nd Stations covered in this Consolidated Report.				
Headquarters Office(s) Names and I	ocations.	Stati	ion Call Letters and Locations				
			\				
N/A							

8. If a Headquarters Office Report, list here (or in Appendix......, if this space is sufficient) the Headquarters Office covered in this Report.

SECTION V		(Section V and VI) (applicable to all respondents)											
	ALL EMPLOYEES 2					MALE					FEMAL		
FULL-TIME			<u> </u>	MINORITY GROUP EMPLOYEES				White,	MINORITY GROUP EMPLOYEES				White.
PAID EMPLOYEES JOB CATEGORIES ¹	Total Columns 2 + 3	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Asian or Pacific Islander (5)	American Indian or Alaskan Native (6)		not of	Black, not of Hispanic origin (9)	Asian or Pacific Islander (10)	American Indian or Aleskan Netive (11)	Hispenic (12)	not of Hispanic origin (13)
Officials and Managers	7	3	4					3					4
Professionels	8	7	1	1				6	1				
Technicians	1	1						1					
Sales workers	8	4	4					4	1				3
Office and Clerical	2		2		 				1	 			1
Creftsperson (Skilled)	.	ļ		 									• • • • • • •
Operatives (Semi-skilled)		ļ		ļ 					••••				• • • • • • •
Laborers (Unekilled)								•••••					•••••
Service Workers													
TOTAL	26	15	11	1				14	3				8
Total employment from previous Report (If any)	. 23	15	8					. 1.5	3				5
SECTION VI					(Section	VI colum	n titles se	me as Sec	tion V)				
PART-TIME PAID EMPLOYEES JOB CATEGORIES ¹													
Officials and Managers	1												
Professionals	6	4	2					4					2
Technicians													
Sales workers													
Office and Clerical													
Craftsperson (Skilled)	1	1						1					
Operatives (Semi-akilled)													
Leborers (Unekilled)													
Service Workers													
TOTAL	7	5	2					5					2
Total employment from previous Report (If any)	5	3	2					3					2

¹Refer to Instructions for explanation of all title functions.
²Include "Minority Group Employees" and others. See Instruction 7.

(The data below shall also be included in the figures for the appropriate occupational categories in Sections V and VI)

ALL EMPLOYEES						MALE					FUMALE				
					MINORITY GROUP EMPLOYEES				14/1-1	MINORITY GROUP EMPLOYEES				Milaton	
JOB CATEGORIES		Total Columns 2 + 3	Male (2)	Female (3)	Black, not of Hispanic origin (4)	Or	American Indian or Aleakan Native (6)	Hispanic (7)	White, not of Hispanic origin (8)	Black, not of Hispenic origin (9)	Asien or Pacific Islander (10)	American Indian or Aleskan Native (11)	Hispanic (12)	White, not of Hispenic origin (13)	
On-the- job trainees ²	White Coller Produc- tion														

CERTIFICATION

(This report must be certified: by licenses or permittee, if an individual; by a partner, if a partnership; by an officer, if a corporation or association, or by an attorney of licenses or permittee, in case of physical disability or absence from the United States of the licensee or permittee.)

I certify that to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Title President	_
Dete May 20, 1985	Name of Respondent E Z Communications, In	nc.
Telephone No. (include area code)		

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE OR IMPRISONMENT. U.S. CODE, TITLE 18, SECTION 1001.

> This request is in accordance with the requirement of P.L. 98-511, Paperwork Reduction Act of 1980

The data collected will be used to assess compliance with FCC Rules and Regulations pertaining to EEO requirements. Your response is mandatory.

¹Include "Minority Group Employees" and others. See instruction 7.

²Report only employees enrolled in <u>formel</u> on the the job-training programs.